

CITY OF ATLANTA BOARD OF ETHICS Statement of Expense Reimbursements

This form must be completed when a city official or employee receives payments or is reimbursed from a non-city source for reasonable hosting expenses, including travel, meals, and lodging, provided in connection with speaking or teaching engagements, participation on professional or civic panels, or attendance at conferences in an official capacity. See Code of Ordinances § 2-801 & § 2-815.

1. IDENTIFYING INFORMATION.			
Name:	Telepho	one:	_
City Position:			
Department of agency:			_
Business Address:			
City:	State:	Zip:	
E-mail Address:			
2. EXPENSES PAID BY NON-CITY So	OURCES.		
For each trip mad	de, provide the following info	ormation:	
Date(s) of Trip:	Location:		
Types of activity (check any that a	apply):		
□ Speech □Teaching □ Confe	rence Professional or civ	ic panel	
□ Other (describe):			
Subject matter of event :			

Name and address of all persons or entities providing reimbursement:

Name of Entity	Address

Amount of reimbursement received from each source by category:

Source of Reimbursement	Travel	Lodging	Meals	Other (describe)

TOTAL PAID:	
_	

3. SIGNATURE.

I declare under penalty of perjury that I have examined this statement of expense
reimbursements connected with my city-related travel and, to the best of my
knowledge, it is a true, correct, and complete statement.

Signature	Date	

Filing information

The original, signed copy of this form must be filed with the Municipal Clerk within 30 days of receipt of any expense reimbursements from non-city sources, with a copy sent by the official or employee to the Ethics Officer.

Address for filing the original:

Municipal Clerk

City Hall, Suite 2700

55 Trinity Avenue, SW

Atlanta, GA 30303

Address for filing the copy:

Ethics Officer

City Hall Tower, Suite 3180

68 Mitchell Street, SW

Atlanta, GA 30303

ethicsofficer@atlantaga.gov

fax: (404) 658-7720

For questions about the form, contact the Ethics Office at (404) 330-6286.

Revised 11/3/2004